	-:-											<u>_</u>
PATENT APPLICATION FEE DETERMINATION RECO								Application or Docket Number				
Effective October 1, 2003												
-		- CLAIMS A	S FILED	- PART	ī					·		
		···	(Columi	~	• ·	(Column 2)		TYPE		OR	OTHER THAN	
1	OTAL CLAIMS	<u>}</u>	30	30				RATE	FEE	].	RATE	FEE
FOR			NUMBER	NUMBER-FILED		NUMBER EXTRA		BASIC F	EE -385:00	)- OR	BASIC FEE	<u>-</u> 7-70:00
TC	OTAL CHARGE	<i>30</i> mi	<i>30</i> minus 20=		. 10		XS-9=	<u> </u>	OR	- XS18=	180-	
INI	DEPENDENT C	CLAIMS -	5 m	minus 3 =		·- 2 -		X43=	1	OR	X86=	1.72
Mt	JETIPLE: DEPE	NDENT CLAIM P	RESENT	RESENT				+145=	<u> </u>			1.7 -
11	f-the differenc	e in column 1 is	less than z	ero, enter	0_in_	column-2		TOTAL		OR		
	. (		10 m		ال	OTHER	112C					
		(Column 1)		(Colum	nn 2)	(Column:3)		SMAL	L ENTITY	OR	SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
IME	Independent		Minus	***	-	=		X43=	+:	1	X86=	
٩	FIRST PRESE	ENTATION OF ML	JLTIPLE DEF	PENDENT	PENDENT CLAIM			, .	1	OR	./	<del> </del>
		,.			*			+145=		OR	+290=	
								TOTA ADDIT. FE	- 1	OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
MENT B		- CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus		-,	=		X\$ 9=		OR	X\$18=	
. AMEND	Independent	•	Minus	***	· .	=		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT (	CLAIM		:	+145=			+290=	
rum säntäda	CONTRACTOR	Coloniary	<b>30000 ****</b>	· www.		es en manis, e	L	+145= TOTAL	-	OR	+290= TOTAL	
72.7.	1.5.5. 1.5.6.		The second district and the second second	<u></u>	<u></u>		A	DDIT. FEE		OR ,	ADDIT. FEE	
	V	(Column 1)		(Columi		(Column 3)		<u> </u>				
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total		Minus	**		=		X\$ 9=		ÕR	X\$18=	
AME	Independent	<u> </u>	Minus	***		=		X43=	1 1	·	X86=	<del></del>
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		•
* If the entry in column 1 is less than the entry in column 2 write to in column 2										OR	+290=	
H	f the "Highest Nun	mber Previously Paid mber Previously Paid mber Previously Paid	id For IN THIS	S SPACE is I	less than	20, enter "20."	ΑĽ	TOTAL DDIT. FEE		OR A	TOTAL DDIT. FEE	
T	he "Highest Num	ber Previously Paid	For (Total or	Independen	it) is the	highest number	found	d in the ap	propriate box	in colu	mn 1.	